



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$717859822
Outpatient Patient Service Revenue	\$1046610256
Total Gross Patient Service Revenue	\$1764470078

2. Deductions From Revenue

Contractual Allowance	\$1277442293
Other Deductions	\$-19323382
Total Deductions	\$1258118911

3. Total Operating Revenue

Net Patient Service Revenue	\$506351167
Other Operating Revenue	\$33685300
Total Operating Revenue	\$540036467

4. Operating Expenses

Salaries and Wages	\$123880585	Employee Benefits	\$30564349
Depreciation and Amortization	\$12546958	Interest Expense	\$-90565
Bad Debt	\$27760831	Other Expenses	\$205940837
Total Operating Expenses	\$400602995		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$139433472	Total Assets	\$899274728
Net Non-operating Gains over Loss	\$24794277	Total Liabilities	\$899274728

Total Net Gains	\$164227749
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$882317876	\$743467030	\$138850846
Medicaid	\$312343479	\$237294845	\$75048634
Other Government	\$27403909	\$23430976	\$3972933
Other State	\$0	\$0	\$0
Other Payers	\$542404814	\$281686890	\$260717924
Total	\$1764470078	\$1285879741	\$478590337

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1144107	\$1254713	\$-110606

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$312216	\$956851	\$-644635
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6975

Statement Six: Charity Statement

Hospital Charity Charges	\$29312716
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9451442	
HCI Payments	\$0		
Subtotal	\$0	\$9451442	\$-9451442
Medicaid Shortfalls	\$87543949	\$115671336	
Subtotal	\$87543949	\$125122778	\$-37578829
DSH Payments	\$0		
Subtotal	\$87543949	\$125122778	\$-37578829
Medicare Shortfalls	\$94031780	\$108810715	
Other Government Programs	\$0	\$0	
Total	\$181575729	\$233933493	\$-52357764

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$22061059	\$28002376	\$-5941317
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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